

# STEPS IN OBTAINING A SEPTIC PERMIT

1. Obtain a soil survey from a Certified Soil Science Consultant. (See list)
2. *Fill out an application.*
3. Pay application fee of \$50.00 made payable to the Spencer County Health Department.
4. Obtain Spec. Sheet from the Health Department.
5. Mow/bush hog site if needed. **Do not** disturb site otherwise.
6. Select a certified contractor to submit a plan of design and schedule a layout inspection. (See list)
7. If layout is approved, septic permit is then issued.

# Spencer County Health Department

## Application for Private Sewage Disposal System

Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address of Applicant – Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Day/Office Phone No. \_\_\_\_\_

Address of Property \_\_\_\_\_

New Home \_\_\_\_\_ Replacement \_\_\_\_\_ Repair \_\_\_\_\_

Number of Bedrooms or Bedroom Equivalents \_\_\_\_\_ Size of Lot (acres) \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Private \_\_\_\_\_ Basement Plumbing: \_\_\_\_\_ Yes \_\_\_\_\_ No

This application will be considered pending until all of the above necessary information as determined by the health officer or his designee has been provided by the property owner or his/her agent to the local health officer or designee. Completion of this application will not guarantee the issuance of a permit.

I hereby agree that as consideration for the issuance of a permit for the construction of a private sewage disposal system as provided by the Spencer County Health Department Ordinance 1998-7 and 410 IAC 6-8-1, which regulates private sewage systems that I will subscribe to and abide by the regulations governing the same.

I fully realize the penalties established for the violation of any provisions of Ordinance 1998-7 and 410 IAC 6-8-1, and I will notify the Spencer County Health Department for inspection and approval before covering the earth.

I fully acknowledge and agree that the Spencer County Health Department has made no representations as to the existence or non-existence of a public sewage system in the area of the above described property and the responsibility for determining the availability of these services is left to the applicant.

\_\_\_\_\_, I, the owner of the above listed property agrees to assume all responsibility for the proper installation, maintenance and operation of the system.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Note: Two (2) day advance notice is necessary before final inspection.

### **WARNING:**

**NO GUARANTEE IS EXPRESSED OR IMPLIED BY THE ISSUANCE OR APPROVAL OF THIS PERMIT, THIS PERMIT IN NO WAY GUARANTEES THE OPERATION OF THIS PRIVATE SEWAGE DISPOSAL.**

**IT ONLY AFFIRMS THAT THE SYSTEM WAS INSTALLED ACCORDING TO PRESCRIBED STANDARDS.**

**NOTE:** If the Sewage Disposal Spec. Sheet is to be returned by mail, **PLEASE ENCLOSE A LARGE, STAMPED, SELF ADDRESSED ENVELOPE**, along with your check for **\$50.00** made payable to the **SPENCER COUNTY HEALTH DEPARTMENT, 200 Main Street, Rockport, IN 47635.**